

Entity Num.	127681	Applicant's For.	entifier	2000-01
Contact Person	Anne H. Atherton	Phone Number	407.317.3490	

Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A-IC.OTH.CISCO

Page 1 of 4

Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

(For Administrator's Use)

10a If you are:

- Applying for discounts **ONLY** for an individual school, or **ONLY** site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- Applying for discounts on services shared by **ALL** schools in the district (with or without site-specific services as well): Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
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10b List entities and calculate discount(s).

School District Name: Orange County Public Schools School District Entity Number: _____

1	2	3	4	5	6	7	8
Name of Eligible School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col. 5 ÷ Col. 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
ALOMA ELEMENTARY SCHOOL	35973	U	646	281	43%	60%	387.6
AOPKA MIDDLE SCHOOL	35815	U	1,391	611	44%	60%	834.6
AUDUBON PARK ELEMENTARY SC	35998	U	565	274	48%	60%	339
CLARCONA ELEMENTARY SCHOO	35796	U	712	317	45%	60%	427.2
CORNER LAKES MIDDLE SCHOO	157244	U	1,146	444	39%	60%	687.6
EVANS HIGH SCHOOL	36058	U	3,293	1,238	38%	60%	1975.8
GLENRIDGE MIDDLE SCHOOL	35967	U	1,324	469	35%	60%	794.4
JONES HIGH SCHOOL	36020	U	1,323	527	40%	60%	793.8
LAKE GEORGE ELEMENTARY SC	206027	U	754	292	39%	60%	452.4
LAKE SILVER ELEMENTARY SCH	36013	U	822	384	47%	60%	493.2
LAKE SYBELIA ELEMENTARY SCH	35888	U	600	221	37%	60%	360
LAKEVIEW MIDDLE SCHOOL	38787	U	875	305	35%	60%	525
LAKEVILLE ELEMENTARY SCHO	204035	U	841	343	41%	60%	504.6

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LIBERTY MIDDLE SCHOOL	36142	U	1,462	685	47%	60%	877.2
OAK RIDGE HIGH SCHOOL	36074	U	2,267	842	37%	60%	1360.2
OAKSHIRE ELEMENTARY SCHOOL <i>225</i>		U	682	312	46%	60%	409.2
OCOEE MIDDLE SCHOOL	38772	U	1,240	465	38%	60%	744
PERSHING ELEMENTARY SCHOOL	36036	U	630	252	40%	60%	378
PIEDMONT LAKES MIDDLE SCHOOL	35795	U	1,505	662	44%	60%	903
PINE CASTLE ELEMENTARY SCHOOL	36069	U	455	213	47%	60%	273
RIVERDALE ELEMENTARY SCHOOL <i>204037</i>		U	852	363	43%	60%	511.2
ROBERT HUNGERFORD PREPARATORY	35890	U	222	104	47%	60%	133.2
SPRING LAKE ELEMENTARY SCHOOL	38770	U	863	419	49%	60%	517.8
WATERBRIDGE ELEMENTARY SCHOOL	36156	U	874	396	45%	60%	524.4
WILLIAM FRANGUS ELEMENTARY	36151	U	881	380	43%	60%	528.6
APOPKA SENIOR HIGH SCHOOL	35812	U	3,059	836	27%	50%	1529.5
ARBOR RIDGE SCHOOL	36094	U	929	264	28%	50%	464.5
BOONE HIGH SCHOOL	36033	U	2,720	536	20%	50%	1360
BROOKSHIRE ELEMENTARY SCHOOL	35974	U	549	161	29%	50%	274.5
CHAIN OF LAKES MIDDLE SCHOOL <i>225525</i>		U	1243	358	29%	50%	621.5
CLAY SPRINGS ELEMENTARY SCHOOL	35813	U	802	192	24%	50%	401
COLONIAL HIGH SCHOOL	36046	U	3,154	1,038	33%	50%	1577
CONWAY MIDDLE SCHOOL	36092	U	1,538	403	26%	50%	769
CYPRESS CREEK SENIOR HIGH SCHOOL	36127	U	3,232	724	22%	50%	1616
CYPRESS SPRINGS ELEMENTARY	36136	U	723	214	30%	50%	361.5
DEERWOOD ELEMENTARY SCHOOL	36135	U	635	194	31%	50%	317.5
DISCOVERY MIDDLE SCHOOL	36140	U	1,603	401	25%	50%	801.5

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EDGEWATER HIGH SCHOOL	36010	U	2,758	584	21%	50%	1379
GOTHA MIDDLE SCHOOL	38786	U	1,167	294	25%	50%	583.5
HUNTERS CREEK MIDDLE SCHOOL	36153	U	1,520	358	24%	50%	760
JOHN YOUNG ELEMENTARY SCHOOL	36155	U	924	280	30%	50%	462
LAKEMONT ELEMENTARY SCHOOL	35972	U	903	258	29%	50%	451.5
MAITLAND MIDDLE SCHOOL	35884	U	1,153	257	22%	50%	576.5
MEADOW WOODS MIDDLE SCHOOL	<i>204480</i>	U	1174	401	34%	50%	587
METROWEST ELEMENTARY SCHOOL	36150	U	1,253	401	32%	50%	626.5
NORTH LAKE PARK COMMUNITY	<i>1705770</i>	U	375	124	33%	50%	187.5
OCOEE ELEMENTARY SCHOOL	38771	U	750	245	33%	50%	375
ROCK SPRINGS ELEMENTARY SCHOOL	35816	U	844	240	28%	50%	422
SOUTHWEST MIDDLE SCHOOL	36110	U	1,223	277	23%	50%	611.5
SOUTHWOOD ELEMENTARY SCHOOL	<i>36126</i>	U	930	298	32%	50%	465
SUNRISE ELEMENTARY SCHOOL	<i>35992</i>	U	1193	233	20%	50%	596.5
UNIVERSITY HIGH SCHOOL	36095	U	4,143	924	22%	50%	2071.5
WINDY RIDGE ELEMENTARY SCHOOL	36148	U	986	265	27%	50%	493
BAY MEADOWS ELEMENTARY SCHOOL	36152	U	991	100	10%	40%	396.4
DOMMERICH ELEMENTARY SCHOOL	35885	U	750	107	14%	40%	300
DR. PHILLIPS ELEMENTARY SCHOOL	36111	U	723	73	10%	40%	289.2
DR. PHILLIPS HIGH SCHOOL	36114	U	4,164	635	15%	40%	1665.6
HUNTERS CREEK ELEMENTARY SCHOOL	36154	U	1,253	123	10%	40%	501.2
LAKE WHITNEY ELEMENTARY SCHOOL	38797	U	952	174	18%	40%	380.8
PALM LAKE ELEMENTARY SCHOOL	36116	U	852	131	15%	40%	340.8
SHENANDOAH ELEMENTARY SCHOOL	36088	U	672	118	18%	40%	268.8

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Block 4: Discount Calculation Worksheet A **for Schools/School Districts**

Worksheet #A-IC.OTH.CISCO

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WATERFORD ELEMENTARY SCHC	36141	U	781	89	11%	40%	312.4
WEST ORANGE HIGH SCHOOL	38795	U	4,009	777	19%	40%	1603.6
WINDERMERE ELEMENTARY SCH	38785	U	832	161	19%	40%	332.8
WINTER PARK HIGH SCHOOL	35976	U	3,129	416	13%	40%	1251.6
Totals for calculating Weighted Average Discount			86816				44119.7

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)  **51%**

Entity Number 127681 Applicant's Form Identifier 2001-1
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Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A- NEW

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10b List entities and calculate discount(s).

School District Name: Orange County Public Schools School District Entity Number: 127681

1	2	3	4	5	6	7	8
Name of Eligible School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col. 5 ÷ Col. 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
New Elementary #1 to be opened 2001- 2002							
New Elementary #2 to be opened 2001-2002							
New Middle #1 to be opened 2001-2002							
Totals for calculating Weighted Average Discount							

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)



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Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A-SPRT

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Apopka High	35812		3059	836	27	50%	1529.5
West Orange High	38795		4009	777	19	40%	1603.6
Winter Park High	35976		3129	416	13	40%	1251.6
Robert Hungerford Prep	35890		222	104	47	60%	133.2
Westside Tech	38792		137	53	39	60%	82.2
Totals for calculating Weighted Average Discount			10556				4600.1

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)



43%

Entity Number 127681 Applicant's Form Identifier 2001-1
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Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A-RFT.90

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Memorial Middle	36025		938	774	83	90%	844.2
Carver Middle	36086		951	712	75	90%	855.9
Mollie Ray Elem	36060		748	708	95	90%	673.2
Richmond Heights Elem	36022		565	475	84	90%	508.5
Ridgewood Elem	36055		892	781	88	90%	802.8
Apopka Elem	35809		574	476	83	90%	516.6
Hiawassee Elem	36104		910	749	82	90%	819
Totals for calculating Weighted Average Discount			5578				5020.2

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)



90%

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Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A-RFT.OT

Page 1 of 1

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Southwest Middle	36110		1223	277	23	50%	611.5
Palm Lake Elem	36116		852	131	15	40%	340.8
Windermere Elem	38785		832	161	19	40%	332.8
Bay Meadows Elem	36152		991	100	10	40%	396.4
Aloma Elem	35973		646	281	43	60%	387.6
Deerwood Elem	36135		635	194	32	50%	317.5
Clarcona Elem	35796		712	317	45	60%	427.2
Totals for calculating Weighted Average Discount			6766				3338.8

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)



49%

Entity Number 127681 Applicant's Form Identifier 2001-1
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Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A- 2 HS

Page 1 of 2

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Apopka High	35812		3059	836	27	50%	1529.5
Boone High	36033		2720	536	20	50%	1360
Colonial High	36046		3154	1038	33	50%	1577
Cypress Creek High	36127		3232	724	22	50%	1616
Dr. Phillips High	36114		4164	635	15	40%	1665.6
Edgewater High	36010		2758	584	21	50%	1379
Evans High	36058		3293	1238	38	60%	1975.8
Jones High	36020		1323	527	40	60%	793.8
Oak Ridge High	36074		2267	842	37	60%	1360.2
Totals for calculating Weighted Average Discount			25970				13256.9

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %) →

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Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A- 2 HS

Page 2 of 2

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Winter Park High	35976		3129	416	13	40%	1251.6
Mid Florida Tech	36067		121	30	25	50%	60.5
Orlando Tech	35991		32	5	16	40%	12.8
Westside Tech	38792		137	53	39	60%	82.2
Totals for calculating Weighted Average Discount			37763				18532.8

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)



49%

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Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A- 2 HS

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Winter Park High	35976		3129	416	13	40%	1251.6
Mid Florida Tech	36067		121	30	25	50%	60.5
Orlando Tech	35991		32	5	16	40%	12.8
Westside Tech	38792		137	53	39	60%	82.2
Totals for calculating Weighted Average Discount			290				155.5

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)



51%

Entity Number <u>127681</u>	Applicant's Form Identifier <u>2001-1</u>
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Block 5: Discount Funding Request(s)

Block 5, page 1 of 21

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) 950-TL-01-0913-93-00																																												
	16 Billing Account Number (e.g., billed telephone number) N/A																																												
12 Form 470 Application Number (15 digits) 908120000163010	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) N/A																																												
13 SPIN - Service Provider Identification Number (9 digits) 143004824	18 Contract Award Date (mm/dd/yyyy) 6/24/1993																																												
	19a Service Start Date (mm/dd/yyyy) 7/1/2001																																												
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)																																												
14 Service Provider Name BellSouth	20 Contract Expiration Date (mm/dd/yyyy) 7/30/2003																																												
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Recurring Charges					Non-Recurring Charges			Total Charges																																					
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Entity Number <u>127681</u>	Applicant's Form Identifier <u>2001-1</u>
Contact Person <u>Anne H. Atherton</u>	Phone Number <u>407.317.3490</u>

Block 5: Discount Funding Request(s)

Block 5, page 2 of 21

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) 950-ZZ-28-3725-98-00																																												
	16 Billing Account Number (e.g., billed telephone number) N/A																																												
12 Form 470 Application Number (15 digits) <div style="text-align: right;">908120000163010</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) N/A																																												
13 SPIN - Service Provider Identification Number (9 digits) <div style="text-align: right;">143004824</div>	18 Contract Award Date (mm/dd/yyyy) 6/13/1997																																												
	19a Service Start Date (mm/dd/yyyy) 7/1/2001																																												
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)																																												
14 Service Provider Name BellSouth	20 Contract Expiration Date (mm/dd/yyyy) 4/30/2005																																												
21 Description of This Service:	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>5.2</u>																																												
22 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-ORA</u>																																												
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Recurring Charges					Non-Recurring Charges			Total Charges																																					
A	B	C	D	E	F	G	H	I	J	K																																			
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3500	0	3500	12	42,000			<i>N/A</i>	42,000	63	26,460																																			

Entity Number <u>127681</u>	Applicant's Form Identifier <u>2001-1</u>
Contact Person <u>Anne H.Atherton</u>	Phone Number <u>407.317.3490</u>

Block 5: Discount Funding Request(s)

Block 5, page 3 of 21

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) 950-TL-01-3825-9900					
					16 Billing Account Number (e.g., billed telephone number) N/A					
12 Form 470 Application Number (15 digits) 190600000197815					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 3/12/1999					
13 SPIN - Service Provider Identification Number (9 digits) 143001444					18 Contract Award Date (mm/dd/yyyy) 5/15/1999					
					19a Service Start Date (mm/dd/yyyy) 7/1/2001					
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)					
14 Service Provider Name Sprint-Florida					20 Contract Expiration Date (mm/dd/yyyy) 5/14/2004					
21 Description of This Service:					You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>5.3</u>					
22 Entity/Entities Receiving This Service:					a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-ORA</u>					
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
6,000	0	6,000	12	72,000			N/A	72,000	63	45,360

Entity Number <u>127681</u>	Applicant's Form Identifier <u>2001-1</u>
Contact Person <u>Anne H. Atherton</u>	Phone Number <u>407.317.3490</u>

Block 5: Discount Funding Request(s)

Block 5, page 4 of 21

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) T					
					16 Billing Account Number (e.g., billed telephone number) M02-8735					
12 Form 470 Application Number (15 digits) 967200000190616					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 3/8/1999					
13 SPIN - Service Provider Identification Number (9 digits) 143004824					18 Contract Award Date (mm/dd/yyyy)					
					19a Service Start Date (mm/dd/yyyy) 7/1/2001					
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2002					
14 Service Provider Name BellSouth					20 Contract Expiration Date (mm/dd/yyyy)					
21 Description of This Service:		You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <div style="text-align: right;">5.4</div>								
22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A-ORA								
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ora					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
40,610	0	40,610	12	487,329			n/a	487,329	63	307,017

Entity Number 127681 Applicant's Form Identifier 2001-1
 Contact Person Anne H.Atherton Phone Number 407.317.3490

Block 5: Discount Funding Request(s)

Block 5, page 5 of 21

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

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					16 Billing Account Number (e.g., billed telephone number) N/A					
12 Form 470 Application Number (15 digits) 967200000190616					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 3/8/1999					
13 SPIN - Service Provider Identification Number (9 digits) 143001444					18 Contract Award Date (mm/dd/yyyy)					
					19a Service Start Date (mm/dd/yyyy) 7/1/2001					
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2002					
14 Service Provider Name Sprint-Florida					20 Contract Expiration Date (mm/dd/yyyy)					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>5.5</u>										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-SPRT</u>										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
3,250	0	3,250	12	39,000			N/A	39,000	41	15,990

Entity Number <u>127681</u>	Applicant's Form Identifier <u>2001-1</u>
Contact Person <u>Anne H. Atherton</u>	Phone Number <u>407.317.3490</u>

Block 5: Discount Funding Request(s)

Block 5, page 6 of 21

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) N/A									
	16 Billing Account Number (e.g., billed telephone number) 2004371									
12 Form 470 Application Number (15 digits) 167600000204734	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) N/A									
13 SPIN - Service Provider Identification Number (9 digits) 143001241	18 Contract Award Date (mm/dd/yyyy) 2/8/1994									
	19a Service Start Date (mm/dd/yyyy) 7/1/2001									
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)									
14 Service Provider Name <u>Intermedia Communcations</u>	20 Contract Expiration Date (mm/dd/yyyy)									
21 Description of This Service:	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>5.6</u>									
22 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-2 HS</u>									
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
5,410	0	5,410	12	64,920			N/A	64,920	51	33,109

Entity Number 127681 Applicant's Form Identifier 2001-1
 Contact Person Anne H. Atherton Phone Number 407.317.3490

Block 5: Discount Funding Request(s)

Block 5, page 7 of 21

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections				15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) BBS-FRN-NF97						
				16 Billing Account Number (e.g., billed telephone number) M02-3292						
12 Form 470 Application Number (15 digits) 748710000039212				17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 3/23/1998						
13 SPIN - Service Provider Identification Number (9 digits) 143004824				18 Contract Award Date (mm/dd/yyyy) 3/25/1998						
				19a Service Start Date (mm/dd/yyyy) 7/1/2001						
				19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)						
14 Service Provider Name BellSouth				20 Contract Expiration Date (mm/dd/yyyy) 12/31/2002						
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>5.7</u>										
22 Entity/Entities Receiving This Service:				a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-ORA</u>						
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
44,944	0	44.944	12	539,329			N/A	539,328	63	340,117

Entity Number <u>127681</u>	Applicant's Form Identifier <u>2001-1</u>
Contact Person <u>Anne H. Atherton</u>	Phone Number <u>407.317.3490</u>

Block 5: Discount Funding Request(s)

Block 5, page 8 of 21

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM 16 Billing Account Number (e.g., billed telephone number) 407.094.xxxx									
12 Form 470 Application Number (15 digits) <div style="text-align: right;">748710000039212</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 3/22/1999									
13 SPIN - Service Provider Identification Number (9 digits) <div style="text-align: right;">143001444</div>	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 7/1/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/02									
14 Service Provider Name Sprint - Florida	20 Contract Expiration Date (mm/dd/yyyy)									
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>5.8</u>										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-ORA</u>										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
7,562	0	7,562	12	90,744			NA	90,744	63	57,168

Entity Number <u>127681</u>	Applicant's Form Identifier <u>2001-1</u>
Contact Person <u>Anne H. Atherton</u>	Phone Number <u>407.317.3490</u>

Block 5: Discount Funding Request(s)

Block 5, page 9 of 21

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) DMS 98/99-018
	16 Billing Account Number (e.g., billed telephone number) N/A
12 Form 470 Application Number (15 digits) <div style="text-align:right">324470000109544</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12*3*1998
13 SPIN - Service Provider Identification Number (9 digits) <div style="text-align:right">143018525</div>	18 Contract Award Date (mm/dd/yyyy) 7/14/1999
	19a Service Start Date (mm/dd/yyyy) 7/1/2001
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)
14 Service Provider Name Arch Paging	20 Contract Expiration Date (mm/dd/yyyy) 7/13/2001
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>5.9</u>	
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-ORA</u>	

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
7,500	0	7,500	12	90,000			111	90,000	63	56,700

Entity Number <u>127681</u>	Applicant's Form Identifier <u>2001-1</u>
Contact Person <u>Anne H.Atherton</u>	Phone Number <u>407.317.3490</u>

Block 5: Discount Funding Request(s)

Block 5, page 10 of 21

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) N/A
	16 Billing Account Number (e.g., billed telephone number)
12 Form 470 Application Number (15 digits) <div style="text-align:right">015833000204870</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 3/22/1999
13 SPIN - Service Provider Identification Number (9 digits) <div style="text-align:right">143000686</div>	18 Contract Award Date (mm/dd/yyyy) 3/25/1999
	19a Service Start Date (mm/dd/yyyy) 7/1/2001
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)
14 Service Provider Name <u>BellSouth Mobility</u>	20 Contract Expiration Date (mm/dd/yyyy) 12/31/2001
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>5.10</u>	
22 Entity/Entities Receiving This Service: <p>a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____</p> <p>b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-ORA</u></p>	

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
9,725	0	9,275	12	111,300			N/A	111,300	63	70,119

Entity Number <u>127681</u>	Applicant's Form Identifier <u>2001-1</u>
Contact Person <u>Anne H.Atherton</u>	Phone Number <u>407.317.3490</u>

Block 5: Discount Funding Request(s)

Block 5, page 11 of 21

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) NSA 960068																																																					
	16 Billing Account Number (e.g., billed telephone number) N/A																																																					
12 Form 470 Application Number (15 digits) 727740000271911	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 1/10/2000																																																					
13 SPIN - Service Provider Identification Number (9 digits) 143011959	18 Contract Award Date (mm/dd/yyyy) 1/18/2000																																																					
	19a Service Start Date (mm/dd/yyyy) 7/1/2001																																																					
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)																																																					
14 Service Provider Name BellSouth Communications Systems	20 Contract Expiration Date (mm/dd/yyyy) 9/10/2001																																																					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>5.11</u>																																																						
22 Entity/Entities Receiving This Service: <p>a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Worksheet A-2 HS</u></p> <p>b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-2 HS</u></p>																																																						
23 Calculations <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5">Recurring Charges</th> <th colspan="3">Non-Recurring Charges</th> <th colspan="3">Total Charges</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> </thead> <tbody> <tr> <td>Monthly \$ charges (total amount per month for service)</td> <td>How much of the \$ amount in (A) is ineligible?</td> <td>Eligible monthly pre-discount amount (A minus B)</td> <td># of months service provided in program year</td> <td>Annual pre-discount \$ amount for eligible recurring charges (C x D)</td> <td>Annual non-recurring (one-time) \$ charges</td> <td>How much of the \$ amount in (F) is ineligible?</td> <td>Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td>Total program year pre-discount \$ amount (E + H)</td> <td>% discount (from Block 4 Worksheet)</td> <td>Funding Commitment \$ Request (I x J)</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">NA</td> <td style="text-align: center;">256,672</td> <td></td> <td style="text-align: center;">256,672</td> <td style="text-align: center;">256,672</td> <td style="text-align: center;">51</td> <td style="text-align: center;">130,902</td> </tr> </tbody> </table>											Recurring Charges					Non-Recurring Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)					NA	256,672		256,672	256,672	51	130,902
Recurring Charges					Non-Recurring Charges			Total Charges																																														
A	B	C	D	E	F	G	H	I	J	K																																												
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Entity Number <u>127681</u>	Applicant's Form Identifier <u>2001-1</u>
Contact Person <u>Anne H.Atherton</u>	Phone Number <u>407.317.3490</u>

Block 5: Discount Funding Request(s)

Block 5, page 12 of 21

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) N/A																																												
	16 Billing Account Number (e.g., billed telephone number) N/A																																												
12 Form 470 Application Number (15 digits) <div style="text-align: right;">727740000271911</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 1/10/2000																																												
13 SPIN - Service Provider Identification Number (9 digits) <div style="text-align: right;">143011959</div>	18 Contract Award Date (mm/dd/yyyy) 1/18/2000																																												
	19a Service Start Date (mm/dd/yyyy)																																												
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)																																												
14 Service Provider Name <u>BellSouth Communications Systems</u>	20 Contract Expiration Date (mm/dd/yyyy) 9/10/2001																																												
21 Description of This Service:	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>5.12</u>																																												
22 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: <u>Worksheet A-NEW</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____																																												
23 Calculations <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">Recurring Charges</th> <th colspan="3">Non-Recurring Charges</th> <th colspan="3">Total Charges</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Monthly \$ charges (total amount per month for service)</td> <td style="text-align: left;">How much of the \$ amount in (A) is ineligible?</td> <td style="text-align: left;">Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: left;"># of months service provided in program year</td> <td style="text-align: left;">Annual pre-discount \$ amount for eligible recurring charges (C x D)</td> <td style="text-align: left;">Annual non-recurring (one-time) \$ charges</td> <td style="text-align: left;">How much of the \$ amount in (F) is ineligible?</td> <td style="text-align: left;">Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td style="text-align: left;">Total program year pre-discount \$ amount (E + H)</td> <td style="text-align: left;">% discount (from Block 4 Worksheet)</td> <td style="text-align: left;">Funding Commitment \$ Request (I x J)</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">M/M</td> <td style="text-align: right;">63,655.00</td> <td style="text-align: right;">0</td> <td style="text-align: right;">63,655</td> <td style="text-align: right;">63,655</td> <td style="text-align: right;">63</td> <td style="text-align: right;">40,102</td> </tr> </tbody> </table>		Recurring Charges					Non-Recurring Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)					M/M	63,655.00	0	63,655	63,655	63	40,102
Recurring Charges					Non-Recurring Charges			Total Charges																																					
A	B	C	D	E	F	G	H	I	J	K																																			
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)																																			
				M/M	63,655.00	0	63,655	63,655	63	40,102																																			

Entity Number <u>127681</u>	Applicant's Form Identifier <u>2001-1</u>
Contact Person <u>Anne H.Atherton</u>	Phone Number <u>407.317.3490</u>

Block 5: Discount Funding Request(s)

Block 5, page 13 of 21

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections					15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) RL 060597-RB					
12 Form 470 Application Number (15 digits) 828290000334533					16 Billing Account Number (e.g., billed telephone number) N/A					
13 SPIN - Service Provider Identification Number (9 digits) 143011959					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 1/12/2001					
14 Service Provider Name BellSouth Communications System					18 Contract Award Date (mm/dd/yyyy)					
					19a Service Start Date (mm/dd/yyyy) 7/1/2001					
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>5.13</u>					20 Contract Expiration Date (mm/dd/yyyy) 12/31/2003					
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Worksheet A-RFT.90</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
				<u>N/A</u>	1,475,000	0	1,475,000	1,475,000	90	1,327,500

Entity Number <u>127681</u>	Applicant's Form Identifier <u>2001-1</u>
Contact Person <u>Anne H.Atherton</u>	Phone Number <u>407.317.3490</u>

Block 5: Discount Funding Request(s)

Block 5, page 14 of 21

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) RL 060597-RB
	16 Billing Account Number (e.g., billed telephone number) N/A
12 Form 470 Application Number (15 digits) 828290000334533	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 1/12/2001
13 SPIN - Service Provider Identification Number (9 digits) 143011959	18 Contract Award Date (mm/dd/yyyy) 1/15/2001
	19a Service Start Date (mm/dd/yyyy) 7/1/2001
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)
14 Service Provider Name BellSouth Communications System	20 Contract Expiration Date (mm/dd/yyyy) 1/31/2005
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>5.14</u>	
22 Entity/Entities Receiving This Service: <p>a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: <u>Worksheet A-RFT.80</u></p> <p>b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____</p>	

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
				NA	3,550.00	0	3,550,000	3,550,000	80	2,840,000

Entity Number <u>127681</u>	Applicant's Form Identifier <u>2001-1</u>
Contact Person <u>Anne H. Atherton</u>	Phone Number <u>407.317.3490</u>

Block 5: Discount Funding Request(s)

Block 5, page 15 of 21

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) RL 060597-RB 16 Billing Account Number (e.g., billed telephone number) N/A									
12 Form 470 Application Number (15 digits) 828290000334533	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 1/12/2001									
13 SPIN - Service Provider Identification Number (9 digits) 143011959	18 Contract Award Date (mm/dd/yyyy) 1/15/2001 19a Service Start Date (mm/dd/yyyy) 7/1/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)									
14 Service Provider Name BellSouth Communications System	20 Contract Expiration Date (mm/dd/yyyy) 1/31/2005									
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>5.15</u>										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: <u>Worksheet A-RFT.OTR</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
				14/6	1,475,000	0	1,475,000	1,475,000	49	722,750

Entity Number <u>127681</u>	Applicant's Form Identifier <u>2001-1</u>
Contact Person <u>Anne H.Atherton</u>	Phone Number <u>407.317.3490</u>

Block 5: Discount Funding Request(s)

Block 5, page 16 of 21

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) SRC 250-040-99-1																																																					
	16 Billing Account Number (e.g., billed telephone number) N/A																																																					
12 Form 470 Application Number (15 digits) 998300000247595	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)																																																					
13 SPIN - Service Provider Identification Number (9 digits) 143999999	18 Contract Award Date (mm/dd/yyyy) 7/1/2001																																																					
	19a Service Start Date (mm/dd/yyyy) 7/1/2001																																																					
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)																																																					
14 Service Provider Name State Replacement Contract	20 Contract Expiration Date (mm/dd/yyyy) 6/30/2202																																																					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>5.16</u>																																																						
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Worksheet IC.90.Cisco</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____																																																						
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Entity Number <u>127681</u>	Applicant's Form Identifier <u>2001-1</u>
Contact Person <u>Anne H.Atherton</u>	Phone Number <u>407.317.3490</u>

Block 5: Discount Funding Request(s)

Block 5, page 17 of 21

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

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Recurring Charges					Non-Recurring Charges			Total Charges																																					
A	B	C	D	E	F	G	H	I	J	K																																			
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Entity Number <u>127681</u>	Applicant's Form Identifier <u>2001-1</u>
Contact Person <u>Anne H.Atherton</u>	Phone Number <u>407.317.3490</u>

Block 5: Discount Funding Request(s)

Block 5, page 18 of 21

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) SRC 250-040-99-1
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12 Form 470 Application Number (15 digits) <div style="text-align:right">998300000247595</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)
13 SPIN - Service Provider Identification Number (9 digits) <div style="text-align:right">143999999</div>	18 Contract Award Date (mm/dd/yyyy) 7/1/2001
	19a Service Start Date (mm/dd/yyyy) 7/1/2001
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14 Service Provider Name <u>State Replacement Contract</u>	20 Contract Expiration Date (mm/dd/yyyy) 6/30/2002
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>5.18</u>	
22 Entity/Entities Receiving This Service: <p>a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: <u>Worksheet IC.Oth.Cisco</u></p> <p>b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____</p>	

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
				H/A	671,000	0	671,000	671,000	51	350,433

Entity Number <u>127681</u>	Applicant's Form Identifier <u>2001-1</u>
Contact Person <u>Anne H. Atherton</u>	Phone Number <u>407.317.3490</u>

Block 5: Discount Funding Request(s)

Block 5, page 19 of 21

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
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				N/A	434,946	0	434,946	434,946	90	318,798

Entity Number <u>127681</u>	Applicant's Form Identifier <u>2001-1</u>
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Block 5: Discount Funding Request(s)

Block 5, page 20 of 21

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

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				NA	776,504	0	776,504	776,504	80	609,610

Entity Number <u>127681</u>	Applicant's Form Identifier <u>2001-1</u>
Contact Person <u>Anne H.Atherton</u>	Phone Number <u>407.317.3490</u>

Block 5: Discount Funding Request(s)

Block 5, page 21 of 21

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				<i>N/A</i>	1,233,101	0	1,233,101	1,233,101	51	627,598